EXAM APPLICATION FEE STATEMENT

APPLICATION FEE: \$15.00

ONLY APPLICATIONS WITH PAYMENTS RECEIVED OR SIGNED FEE WAIVERS WILL BE REVIEWED.

PAYMENT DUE DATE:

- 1. **ANNOUNCED EXAMS -** Fee or waiver due at time of application; **NO FEES OR WAIVERS** WILL BE ACCEPTED **AFTER DEADLINE** DATE FOR APPLICATIONS.
- 2. **UNANNOUNCED EXAMS -** Fee or waiver is due upon date specified in written notice which will be mailed to candidates.

THERE WILL BE NO REFUND OF FEES IF YOU DO NOT QUALIFY FOR AN EXAM OR IF YOU FAIL TO APPEAR FOR THE EXAMINATION.

TO PAY BY MAIL:

COMPLETE THE **BOTTOM SECTION ② OF THIS STATEMENT** AND MAIL ALONG WITH YOUR EXAM APPLICATION AND A CHECK OR MONEY ORDER TO THE ADDRESS BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO **CITY TREASURER (NO CASH)**.

CIVIL SERVICE EXAM ADMINISTRATION CITY HALL, ROOM 103-A 30 CHURCH STREET ROCHESTER, NY 14614-1280 Payment Verification

TO PAY IN PERSON: PLEASE COMPLETE BOTH SECTIONS 1 & 2
AND TAKE with CASH, CHECK, OR MONEY ORDER
TO THE CASHIER'S OFFICE ON THE MAIN FLOOR OF CITY HALL
BEFORE 4:00 PM on the application deadline date stated on the exam
announcement. Take this verified paid statement WITH the APPLICATION
to Room 103A, City Hall, 30 Church Street, Rochester, New York.

1	□ ∨∧\/#·		
	SS#:		
(DETACH	HERE)	DI FACE DRINTI	
		PLEASE PRINT!	\$15.00
2	EXAM TITLE:		
	EXAM #:		
	NAME:		
	ADDRESS:		
	 SS#:		

CITY OF ROCHESTER - BUREAU OF HUMAN RESOURCE MANAGEMENT

EXAM APPLICATION FEE WAIVER REQUEST AND CERTIFICATION FORM

Civil Service Law Section 50.5(b): "...fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."

I request that my application fee for the examination listed below be waived in accordance with Section 50.5(b) of the State Civil Service Law.

Exam No

Examination Title		<u>n Title</u>	Exam No	Examination Test Date			
Checl	the box	((es) below that apply to you:					
	NOTE	Im currently unemployed and I am primarily responsible for support of a household DTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for oplication fee waiver as head of household.					
	I am c	I am currently:					
		Eligible for Medicaid					
		Receiving Supplemental Security Income (SSI) payments					
		Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance):					
		Enter Public Assistance Case Number					
		Certified Workforce Investment Act (WIA) eligible through a State or local social service agency (such as Rochesterworks! or B.E.S.T.)					
certif appli	y that I cation fe	the above portion of Section 50.5(b) of the above portion of Section 50.5(b) of the am qualified to receive such waiver for the ee waiver may be investigated and I may be the ment regarding my eligibility for applicate	e Civil Service Law relatir ne reasons indicated abov be disqualified from the l	ng to the waiver of application fees and e. I understand that my claim for			
C	andidat	e's First and Last Name (Please Print)	Candidate's	Social Security Number			
C	andidat	e's Signature	Date				

REFUND/RETURN OF EXAM FEE

Examination Fees will be refunded or returned ONLY for the following reasons:

- ♦ if candidate does not submit an application for the examination
- ♦ if an application is received or postmarked after application deadline date (late)
- ♦ if it is an application for an exam that is not scheduled
- ♦ if the candidate presents an acceptable fee waiver after payment is processed
- ♦ if an examination is cancelled, with no alternative date scheduled

Examination Test Date